

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000113514

**Entity Name:** JR PHARMACY PLLC

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2160 WHISPERLAKES BLVD  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

2160 WHISPERLAKES BLVD  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 20-3871759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADEDOYIN, JOSHUA  
10043 SWEETLEAF ST  
ORLANDO, FL 32827 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ADEDOYIN, JOSHUA A  
**Address:** 10043 SWEETLEAF ST  
**City-St-Zip:** ORLANDO, FL 32827

**Title:** MGRM  
**Name:** TEWARI, ROJER  
**Address:** 4449 LAKE CALABAY DRIVE  
**City-St-Zip:** ORLANDO, FL 32837

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JOSHUA ADEDOYIN

MGR

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date